

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

5-12-05

SERIAL NO.

APPLICANT(S)

FILING DATE

10/829,504

CLAIMS

CLAIM NUMBER	AS FILED		RECEIVED AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
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42	12		12			
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46	12		12			
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			155			
TOTAL CLAIMS			156			

CLAIM NUMBER	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						